

Case Number:	CM14-0059110		
Date Assigned:	07/09/2014	Date of Injury:	11/11/2009
Decision Date:	02/11/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/29/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

██████████ is a 53-year-old injured worker who sustained a work-related injury on November 11, 2009. Subsequently, the patient developed chronic back, arms, and neck pain. According to a progress report dated March 3, 2014, the patient complained of constant and moderately severe neck pain, rated 7/10, with radiation to the bilateral upper extremities, with associated numbness and tingling as well as weakness. She also complained of constant and moderately severe low back pain, rated 8/10, which radiated posteriorly into the right lower extremity, with associated numbness and tingling. In addition, she reported constant and moderately severe bilateral wrist and hand pain, rated 7-8/10, with radiation to the bilateral upper extremities, with associated numbness, tingling and spasms. She also reported anxiety, depression, stress, and insomnia. Examination of the cervical spine revealed paraspinal and periscapular spasms and tenderness. Motor strength of the upper extremities was 5/5. Sensory examination revealed decreased light touch over the bilateral thumb and index fingers. Limited range of motion was noted in the cervical spine in flexion at 35 degrees, extension at 15 degrees, right rotation at 40 degrees, left rotation at 40 degrees, right lateral bend at 10 degrees, and left lateral bend at 5 degrees. Orthopedic testing was negative for the cervical spine. Upper extremity motor examination was 5/5. Upper extremity paresthesia was noted. The patient was diagnosed with 3 mm disc herniation L4-5 with facet and ligamentum flavum hypertrophy with trefoil shaped and bilateral foraminal stenosis and lateral recess stenosis; herniated nucleus pulposus at L4-5 with left lower extremity radiculopathy; status post left carpal tunnel release on September 4, 2011; status post anterior cervical decompression on May 15, 2011, and 5 mm L5-S1 disc herniation. The provider requested authorization for Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flexeril 10 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Flexeril, a non-sedating muscle relaxant, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent evidence of pain flare or spasm and the prolonged use of Flexeril is not justified. Therefore the request for authorization Flexeril 10mg #90 is not medically necessary.